

| | | | |
|--|--|--|-----------------------|
| UTILITY PATENT APPLICATION TRANSMITTAL | | Attorney Docket No. 2224-00500 DVF | |
| | | First Inventor Gabe TOMASSONI | |
| | | Title Side-Loading Refuse Collection and Transport Vehicle | U.S. PTO 10/726869 |
| | | Express Mail Label No. EV 303486721 US | |
| (Only for new nonprovisional applications under 37 CFR 1.53(b)) | | | |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | | ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Arlington VA 22313-1450 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 11] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7] 5. Oath and Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies | |
| | | ACCOMPANYING APPLICATION PARTS | |
| | | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Associate Power of Attorney [1 p.] | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: Prior application information: Examiner Group/Art Unit: | | | |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | |
| 19. CORRESPONDENCE ADDRESS | | | |
| <input checked="" type="checkbox"/> Customer Number of Bar Code Label 23505 or <input type="checkbox"/> Correspondence address below | | | |
| Name | | | |
| Address | | | |
| City | | State | Zip Code |
| Country | | Telephone | Fax |
| Name (Print/Type) | | Registration No. (Attorney/Agent) | 47,231 |
| Signature | | Date December 3, 2003 | |

The collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL

For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$ 810.00

Complete if Known

Application Number

Filing Date

First Named Inventor

Gabe TOMASSONI

Examiner Name

Art Unit

Attorney Docket No.

2224-00500 DVF

METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number: 03-2769

Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|-----------|--------------|-----------|------------------------|----------|
| Fee | Code (\$) | Fee | Code (\$) | | |
| 1001 | 770 | 2001 | 385 | Utility filing fee | \$770.00 |
| 1002 | 340 | 2002 | 170 | Design filing fee | \$ |
| 1003 | 530 | 2003 | 265 | Plant filing fee | \$ |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | \$ |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | \$ |

SUBTOTAL (1) \$770.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | | Extra Claims | | Fee from below | Fee Paid |
|--------------------|----------|--------------|-------|-------------------|----------|
| 18 | 20** = 0 | x | 18.00 | = \$ 00.00 | |
| 1 | 3** = 0 | x | 86.00 | = \$ 00.00 | |
| Multiple Dependent | | | | 290.00 = \$ 00.00 | |

| Large Entity | | Small Entity | | Fee Description |
|--------------|-----------|--------------|-----------|--|
| Fee | Code (\$) | Fee | Code (\$) | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 |
| 1201 | 86 | 2201 | 43 | Independent Claims in excess of 3 |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) \$00.00

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

DEREK V. FORINASH

Registration No.
(Attorney/Agent)

47,231

Telephone

(713) 238-8000

Signature



Date

December 3, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-OPTO-9199 (1-800-786-9199) and select option 2.

File: 42165-0006

MG:TCB:cal

Applicant: TOMASSONI, Gabe
Title: SIDE-LOADING REFUSE COLLECTION AND
TRANSPORT VEHICLE WITH COMBINED COMPACTOR
Serial No.: (unknown)
Filed: (unknown)
Executed: December 2, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPOINTMENT OF ASSOCIATE AGENT

The undersigned, W. Charles Kent, Registration No. 26135, principal attorney and/or agent appointed to prosecute this application hereby appoints as his associate attorney and/or agent to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Derek Forinash, (Registration No. 47,231)

of Messrs. Conley Rose, P.C., JPMorgan Chase Tower, 600 Travis Street, Suite 7100, Houston, Texas 77002-2912, United States of America.

Address all telephone calls to Mr. Derek Forinash at (713) 238-8000 and address all correspondence to Messrs. Conley Rose, P.C. at the above-captioned address.

WC Kent
W. Charles Kent